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Suicide and the ‘poison complex’: toxic relationalities, child development, and the Sri Lankan self-harm epidemic

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Suicide prevention efforts in Asia have increasingly turned to ‘quick win’ means restriction, while more complicated cognitive restriction and psychosocial programs have been limited. I argue the development of cognitive restriction programs requires greater consideration of suicide methods as social practices, and of how suicide cognitive schemata form. To illustrate this, I offer an ethnographically grounded study of how self-poisoning becomes cognitively available in Sri Lanka. The overwhelming preference for poison as a method of self-harm is not simply reflective of its widespread availability, but rather how cognitive schemata of poison – a ‘poison complex’ – develops from early childhood and is a precondition for suicide schemata. Limiting cognitive availability thus requires an entirely novel approach to suicide prevention that draws back from its immediate object (methods and causes of self-harm) to engage the wider poison complex of which suicide is just one aspect.

Keywords *children, cognitive restriction, poison, Sri Lanka, suicide prevention*

Suicide represents a major health, social, and economic burden in Asia (Hendin 2008). Due to a lack of resources, competing priorities, and social stigmas, suicide interventions in the region are often uncoordinated, under-resourced, and unevaluated (Beautrais 2006; Vijayakumar, Pirkis & Whiteford 2005). Reflecting this fact, national and international suicide prevention resources have been increasingly directed towards ‘means restriction’ programs: namely, public health measures aimed at preventing the physical availability of popular methods of self-harm, as a ‘quick win’ in contexts where psychosocial programs are considered expensive and difficult to implement (Eddleston & Bateman 2011; Yip 2012). The evidence base suggests that when popular means of suicide are withdrawn, or at least made more cumbersome to access, the majority of suicidal people do not then seek other methods. If they do, they end up using less lethal methods remaining in the environment.

Parallel to means restriction, programs seeking to restrict the ‘cognitive availability’ of suicide and suicide methods also exist (Florentine & Crane 2010). The basic idea here is that people learn about the suitability of suicide and particular methods from their social environment, with certain methods gaining fame or notoriety, ‘normalizing’ suicide. Thus,

suicide can become cognitively available through a wide range of social learning avenues and processes, including exposure to suicidal ideas and acts at home, school, or workplace, or via the media and internet (Mesoudi 2009). Compared with means restriction programs, cognitive restriction programs offer no ‘quick win’ and the evidence base for their efficacy is limited (Biddle *et al* 2012). Nevertheless, programs addressing cognitive restriction commonly include media guidelines on suicide reporting, with the aim of limiting the spread of suicide knowledge and risk of suicide contagion.

Cognitive anthropological theories of childhood learning provide an interesting framework for understanding the cognitive availability of suicide and suicide methods. ‘Cognitive schemata’ are mental representations derived via experience, through which people make sense of the world and its contents (D’Andrade 1995; Strauss & Quinn 1997). Researchers working in this field suggest cognitive schemata are laid down from early childhood through processes of cultural transmission and social learning, imitation, and innovation (e.g. Bandura 2001; Bloch 2012; Lave & Wenger 1997). This applies to the cognitive schemata through which suicide becomes cognitively available also (Kral 1998; Widger forthcoming). By highlighting the developmental nature of suicide cognitive schemata, and its roots in childhood psychosocial formation, interventions like media regulation, whilst worthy in and of themselves, do appear ‘late stage’ – addressing a problem that already has a solid cognitive foundation due to a range of early-life influences.

In this article, I argue that the development of effective means restriction and especially cognitive restriction programs requires greater consideration both of suicide methods as social practices, and of how suicide cognitive schemata form. To illustrate this, I offer an ethnographically grounded study of how the most popular method of self-harm in Sri Lanka, self-poisoning, becomes cognitively available. I focus on the significance of poison (*vaha*) in local practice, including its association with the psychodynamics of moral

regulation in children and youth, principally desire and shame. I argue that the overwhelming preference for poison as a method of self-harm does not simply reflect its widespread availability. Rather, it reflects how cognitive schemata of poison – what I call a ‘poison complex’ (a core pattern of linguistic, emotional, social, and spatial practices clustered around poisonous substances) – develops from childhood and is a necessary condition for suicide schemata. Limiting the cognitive availability of suicide thus requires an entirely novel approach to suicide prevention that draws back from its immediate object (methods and causes of self-harm) to engage the wider poison complex of which suicide is just one aspect.

My argument draws from ethnographic research conducted in Sri Lanka across the past decade (Widger 2015: preface). Fieldwork was conducted in the Madampe Division, a Sinhala Buddhist peri-urban locality in western Sri Lanka, between October 2004 and June 2006, with follow up trips in 2007, 2012, and 2013. During the twenty-one month period of my major fieldwork visit, I carried out various qualitative and quantitative studies in two villages as well as two local schools, hospitals, the police station, a coroners’ court, and a mental health clinic in the town of Chilaw further north. Work across these sites included in-depth interviews with self-harmers, their families and friends, and health and social professionals, as well as participant-observation in the processes of everyday life at village level.

At community level, I worked closely with two research assistants, both Sinhala Buddhist men aged in their twenties, and their wider circle of male friends, older and younger relatives, and parents and grandparents. The usual meeting place of my assistants’ and their friends was on each other’s front porches, where we would spend the days chatting, playing *carom*, and exploring their ideas of suicide and its causes and meanings. This was complimented by literally hundreds of discussions with village residents more widely, conducted as part of household census-taking, formal interviews, and informal interviews at

opportune moments when people gathered. Work in hospitals and the police station provided access to raw data on self-harm admissions and suicide deaths, which I use in this article to indicate epidemiological patterns of self-poisoning at local level. I also interviewed police and coroners about their experiences of suicide, and spent six months shadowing mental health workers in the Chilaw clinic who treated self-harm patients. This provided a further range of perspectives, this time from a ‘professional’ viewpoint, thus also offering a point of comparison with the ‘folk’ viewpoints gathered from the village.

In the first part of this article, I discuss the epidemiology of deliberate self-poisoning in Sri Lanka at national and local levels. Noting how a strong preference for self-poisoning has existed across time, I propose that suicidal practices in Sri Lanka are fundamentally concerned with *poison* rather than *self-harm*, per se. In the second section, I develop the concept of a ‘poison complex’ and extends the discussion to a wider field of social practice including poisons that transmit between people in contexts of desire (including envy and jealousy) and shame. Here, I distinguish between ‘self-poisoning’ and ‘other-poisoning’ as a way of accounting for the relational role of poison in social relationships. I then present ethnographic material from Madampe to show how the relational concept of poison transmits between individuals and generations: in effect, how children develop and deploy the poison complex.

SUICIDE IN SRI LANKA: AN EPIDEMIC OF INTENTIONAL SELF-POISONING

Suicide and self-harm are significant health and social crises in Sri Lanka. By the final decade of the twentieth century, the Sri Lankan suicide rate had reached ‘epidemic’ proportions, with a suicide rate of 48 per 100,000 in the population. After 1996, however, something strange appeared to happen. On the one hand, the suicide rate began to fall, and is

currently at its lowest level in more than thirty years. On the other hand, the rate of *attempted suicides* began to rise, according to some estimates by more than 300 percent (IRIN News 2009), i.e. at a magnitude far greater than the fall of *completed* suicides.

Suicide Methods at National Level

Analysis of suicide methods shows how self-poisoning accounted for the majority of suicide cases in Sri Lanka during the twentieth century (Knipe *et al* 2014). From the 1960s, increases in the suicide rate were driven by pesticides poisoning and, since the 1980s, by *kanēru* (yellow oleander) seed poisoning (De Silva *et al* 2012; Eddleston, Sheriff, & Hawton 1998; Eddleston *et al* 1999; Eddleston & Phillips 2004). Correspondingly, decreases in the suicide rate were achieved following restrictions placed on the import and sale of WHO Class 1 toxicity pesticides in 1995 and endosulfans in 1998, as well as improved medical treatment for pesticide and *kanēru* poisoning (Gunnell *et al* 2007; Roberts *et al* 2003). Meanwhile, only a minority of suicide cases were associated with hanging, drowning, burning, jumping, and trains, the proportion of which have stayed roughly the same over the decades, although the proportion of hanging has marginally increased (Knipe *et al* 2014).

In recent years, there has been an apparently spontaneous shift away from pesticides and *kanēru* to medicinal drugs – principally Panadol, a local brand of paracetamol – as the most popular method self-poisoning. Over the past decade, Panadol has become increasingly available, routinely prescribed by physicians and sold without restriction. De Silva *et al* (2012) have shown how annual admissions for medicinal drug poisoning increased from 48.2 to 115.4 per 100,000 population between 1996 and 2008. During the same period, annual pesticide poison admissions fell from 105.1 to 88.9. Similarly, poisoning accounted for 37.4 suicides per 100,000 in 1995 but only 11.2 in 2009. The authors suggest that the suicide rate

from poison has fallen at least in part due to the trend away from pesticides towards medicinal drugs, which have a much lower fatality rate. The absence of any rise in the number of suicides by non-toxic methods apart from hanging suggests that means restriction activities have not led to ‘method substitution,’ where the changing efficacy of a popular suicide method leads to its replacement with another (Eddleston & Bateman 2011; Knipe *et al* 2014). Indeed, as suggested by the migration to Panadol, the cause of which remains unknown but is unlikely to be due to pesticide regulation, *substance ingestion* as a defining criterion of suicidal practice remains crucial.

Suicide Methods in Madampe

In Madampe, I found a strong preference for self-poisoning, although it differed slightly from the national pattern in terms of completed suicides. Representing its peri-urban locality, Madampe reports suicide rates that are about average for the country. Files on suicide held by the Madampe Police Station (MPS) and on self-harm admissions by the Galmuruwa Peripheral Health Unit (GPHU) provide a simple picture of suicide epidemiology in the area. Between 2001 and 2006, the period covered by both sets of files, 61 suicides and 270 cases of self-harm were recorded (Table 1).¹ This suggests an average local suicide rate of 23.4 per 100,000 compared with an average national suicide rate of 23.7 per 100,000 over the same period. Reflecting national patterns too, two-thirds of all suicides were male, whilst half of all self-harm (suicide attempt) cases were male and half were female. Overall, the rate of self-harm was more than five times the rate of suicide, although among males the self-harm rate was three times higher than the suicide rate; among females, it was 13 times higher.

[TABLE 1 SOMEWHERE HERE]

In men poisoning accounted for almost 90 percent of self-harm cases, with hanging accounting for most of the remainder (Table 2). Suicides, by contrast, were evenly split between poisoning and hanging. In women, poisoning accounted for 97 percent of self-harm cases, and again only around half of all suicide cases. Therefore, both men and women were considerably less likely to die from self-harm by poison than by hanging. This suggests an extreme example of the national pattern, where the shift to less lethal forms of poisoning means a smaller number of deaths caused by poisoning, coupled with the fact that good quality health services were easily accessible for most people. However, and as at national level, poisoning *per se* defines suicidal practices in Madampe, with self-poisoning accounting for the majority of all practices (including suicide threats, self-harm, and completed suicide) in the community (Widger 2014, 2015)..

[TABLE 2 SOMEWHERE HERE]

THE POISON COMPLEX IN SINHALA PRACTICE: WAYS OF EXPERIENCING DESIRE AND SHAME

The methods people choose to harm themselves have a significant relationship with the fatality of outcomes (Biddle *et al* 2012). In the suicidological literature, factors shaping method choice have been limited to questions of availability and socio-demography, which reduces choice of method to simple questions of utility. For example, Yip *et al* (2012: 2394) report how pesticides account for the majority of suicides in agrarian Asian and Latin American societies, whilst jumping from high places accounts for suicide in urban centers like Hong Kong and Singapore. Suicide methods also reflect gender and age: for example,

men choose ‘hard’ methods like jumping or shooting, and women choose ‘soft’ methods like poisoning. Whilst the troublesome gender assumptions underlying terms like ‘hard’ and ‘soft’ are obvious (Jaworski 2010), more nuanced studies reveal how different socio-demographic groups – such as unmarried and married men and women – tend to choose different kinds of suicide method (Callanan & Davis 2012).

Beyond a Reductive Theory of Suicide Methods

On one level, Sri Lanka’s suicide epidemic is attributable to an epidemic of self-poisoning by pesticides and *kanēru*. Thus, a reductive argument could be made that pesticides and *kanēru* are convenient and well-known methods for self-harm, and because the case fatality rates for those two substances was so high, the suicide rate spiralled in the way that it did. Countering this functionalist viewpoint are social theories that locate the causes of Sri Lanka’s suicide epidemic in experiences of rapid change. Several decades’ worth of sociological analysis (for a review, see Widger 2014) locates causes of suicide in Sri Lanka in processes of modernization, urbanization, population movement, and violence. Factors identified include the breakdown of ‘traditional’ caste, kinship, and village structures, conflicts between parents and children over marriage preferences, mismatches between educational levels and employment opportunities, high levels of internal and overseas migration and attendant pressures on families, and the psychological effects of insurgencies and civil war in the south and north of Sri Lanka.

These explanations notwithstanding, little attention has been paid to the cultural significance of poison (*vaha*) in local practice. This includes how self-poisoning may exist as part of a wider ‘poison complex’: a core pattern of linguistic, emotional, social, and spatial practices clustered around poisonous substances. In spoken Sinhala, there is no direct

equivalent of the English term ‘suicide’. However, in Madampe, the phrase *mama vaha bonnava* (‘I will drink poison’) – sometimes *mama kanēru bonnava* (‘I will drink *kanēru*’) or *mama Panadol bonnava* (‘I will drink Panadol’) – is routinely used by people when making suicide threats, and similar reference to *vaha* or ‘poison’ is made when people talk about others’ suicidal practices. On one level, we could propose a reductive argument that the preference to speak of ‘poison drinking’ instead of some other method or way of describing self-inflicted death simply reflects the widespread occurrence of self-poisoning in Sri Lanka. That is, the Sinhala suicidal lexicon has been shaped by the most common practice.

I have argued elsewhere that we can only understand suicide in Sri Lanka if the symbolic significance of poison is realised (Widger 2015). The word and the phraseology within which poison sits, such as ‘I will drink poison,’ convey a fundamental ambiguity between the language and practice of suicide. My argument simply stated is that the threat to drink poison leaves in doubt the intentions of the person, be they to die and/or to affect some kind of social outcome. This is a crucial component of Sinhala Buddhist suicidal practice as it helps to disavow conscious intent and danger of incurring demerit (*pav*), and thus negative karma (Marecek & Senadheera 2012). Historical records suggesting the performance of self-poisoning practices stretching back over several centuries support this argument. In the seventeenth century account of Robert Knox (1981), an East Indies Company sailor imprisoned by the Kandyan kingdom for twenty years, we find a description of how threats to consume Glory lily (*neīngala*) were commonplace. Knox describes how villagers used threats of self-poisoning to force repayment of debt, but also how they were skilled in the preparation of antidotes when this occurred. Even if ‘environments of toxicity’ in Sri Lanka have changed over time, a core concern with ‘poison’ as an agent in social relationships may have remained stable.

During my fieldwork I rarely heard people referring to ‘hanging’ (*ellie miya yama*; lit. ‘using the rope’) when talking about suicidal practices of any kind. This fact points to a crucial difference in how people understood poison and hanging as distinct kinds of social practice, and the significance of the poison complex as I describe it in this article. As I have elaborated elsewhere (Widger 2012a, 2012b, 2014, 2015), poison drinking, which usually takes place *in front of* other people, can be understood as an active engagement with the world of relational problems that are seen to be susceptible to change through suicidal responses. Hanging, by contrast, takes place *in the absence of other people*, as a means of escape from problems beyond the suicide’s ability to control. Thus, the ‘decision’ to use hanging or poison as a suicide method indicates particular pathways to suicide and its intended outcomes (i.e. to change the world or to escape from the world). To this, I would add that poison and hanging exist in popular imaginary on very different levels, the one forming a ‘complex’ with deep historical roots and wide set of contemporary associated practices, the other existing in isolation with ‘suicides of escape’ and lacking the cultural elaboration of poison. Whilst a deeper interrogation of this would be interesting – as indeed would a deeper interrogation of self-immolation, a popular form of self-harm in eastern Sri Lanka – in the remainder of this article I focus exclusively on an elaboration of the poison complex.

Poison, Desire, and Shame

The centrality of poison within Sinhala suicidal practices as both method and verb extends well beyond its capacity to obfuscate intentions, actions, and outcomes. David Arnold (2012: 172) argues that poisoning is a “pervasive, but also polyvalent, idea” in South Asian society. Poisons are “materially, metaphorically, [and] mythically” (ibid: 171) available through

Ayurvedic practice, where minute quantities of otherwise lethal substances are used to cure, as well as through religion and magic, where poisons play central roles in the lives of gods, kings, and those seeking political power or social change. In Sinhala practice, where Ayurveda continues to have a significant influence on local knowledge systems, ‘indigenous toxicologies’ create and cure a range of naturally and supernaturally occurring diseases, many with social aetiologies and significances (Obeyesekere 1969).

Similarly, poison is associated with socio-emotional complexes that whilst linked with suicide have further significance in terms of the moral regulation of behavior. These complexes include *irisiyāva* (desire, envy, jealousy) and *lājja* (shame, shyness), which, as many social researchers have noted (e.g. Chapin 2014; Hewamanne 2008; Lynch 2007; Marecek & Senadheera 2012; Obeyesekere 1984; Said 2014; Spencer 1990; Stirrat 1987), form central concerns in the passage of Sinhala social life.

In Sri Lanka, as across South Asia, human desire, including envy and jealousy, is regarded a powerful and potentially destructive force that has the potential to harm or kill its object.² In a fascinating ethnography, and one which had strong resonance with my own observations in Madampe, Bambi Chapin (2014: 61-66) describes how Sinhala parents teach their children to avoid the expression of desire, which risks causing physical harm to the person of whom the child may be envious, or of destroying the thing or object coveted. Thus to *see* something and desire it is called *aes vaha* (‘eye poison’), the effect of which is to cause its owner actual physical pain, such as the experience of stomachache if they are eating something the other person desires. Similarly, envious *speech* concerning another person’s success is called *kata vaha* (‘mouth poison’), and can cause them to suffer misfortunes soon afterward. Such poisoning can also be intentional, and directed by sorcery. Gananath Obeyesekere (1975: 4) describes the practice of *vas-kavi* (‘evil/ritual danger/poison songs’), songs composed by sorcerers on behalf of fee-paying clients for causing its target extreme

harm or even death. The linking threads between ‘eye poison,’ ‘mouth poison,’ and ‘poison songs’ is the idea of poison as something that actually manifests in the body of other people as the direct result of one’s own actions.

The threat of falling victim to another’s desire, envy, or jealousy is thus of equal concern. One means of avoiding ‘eye poison’ or ‘mouth poison’ is to ensure behavior that temper any outward manifestation of pride or success. Thus in Sri Lanka we find widespread reports in the ethnographic record of people careful to avoid being seen as *âdambara*, of displaying ‘excessive’ or ‘unjustified pride,’ an evaluation that exists in the eye of the beholder and that can attract poison. In this case, the concern is to act with *lājja-baya* (a ‘fear of shame’) or in ways that avoid accusations of excessive pride, displays of desire, envy, and jealousy, and more generally questions of moral character and conduct. In a famous passage, Gananath Obeyesekere (1984: 505) describes the means by which Sinhala children are socialized by the father to fear their own shame:

Bad behavior is corrected in the following manner: ‘*lājja nādda, mokada minissu kiyanne*,’ ‘aren’t you ashamed; what’ll people say?’ When a parent, or other socializing agent, simply says ‘*lājja nādda*’ the rest of the statement is implied, so that the reference to the “others” is contained in it...There is nothing unusual about these practices, which are found in many societies, except for one factor—the failure to conform is associated with ridicule and laughter by the parent, especially the father.

As with desire, many Sinhala parents are concerned to teach their children to be conscious of the kinds of behavior that might incur shame. According to Chapin (2014: 88), *lājja-baya* ‘means having knowledge of, deference to, and respect for social norms/judgment, as well as an internal state that is sensitive to the gaze of others.’ The relationship of poison to shame is

also extremely relevant here. Now shame is experienced neither as a kind of poisoning, either corporeally, as with desire, or socially, as in how we might say that shaming accusations ‘poison a reputation.’ Rather, the shamed person him- or herself can either negate or transfer shame through the consumption of poison.

This effect of what Flemming Konradsen *et al* (2007: 1710) call “reaching for the bottle of pesticide” has been widely noted in the Sri Lankan suicide literature, and needs little elaboration. For example, the shame felt by a child scolded by her parents can be challenged by a self-harm act that makes a claim of innocence, and/or brings attention to her plight that may shame the parents for their harshness. Even though any method of self-harm would have this result, Spencer (1990a: 612-613) argues there is something especially vivid about the effect of poison:

The suicide usually follows a minor dispute—the father or mother refuses to give a son or daughter the money to go to the cinema, a husband complains to his wife about his meal. The victim goes out and buys weed killer, drinks it, and then presents the family with the consequences; the poison used in almost all of these cases is well known for its slow and agonizing effects—effects which the mother, father, or husband then has to watch in horror.

The significance of poison in Sri Lanka bestows the epidemiology of self-poisoning with meanings hitherto neglected. Poison plays a central role in the expression and management of two central psychodynamic processes in Sinhala moral regulation. In *irisiyāva*, poison is the substance that desire, envy, jealousy, and covetousness manifests not in one’s own body but the bodies of others. Poison transfers by sight, speech, or song, and its effects can range from destroying possessions, causing illnesses, and even causing death.

When it comes to *läjja*, however, this relationship inverts. Then, poisoning of the self can destroy shame, or transfer it elsewhere. In cases where an accusation of desire has caused shame, poison will flow from the covetous to the coveted, which may in turn shame the one who covets, who in turn will consume poison.

Thus, we find desire and shame both establish flows of poison, but in different directions. In desire, poison flows from self to other, causing ‘other-poisoning.’ In shame, poison is contained within, causing ‘self-poisoning.’ The real difference between the two is not, then, one of ‘materiality’: whether poison is ‘real’ in the sense of it being a substance consumed, or whether poison is ‘figurative’, as ‘eye poison’, has substantive corporeal effects. Rather, the difference lies in the ‘relational flow’ of poison – whether poisoning is the result of its externalization (as in desire) or its internalization (as in shame) (a process that in practice of course blurs, as desire can cause shame, and shame desire). In both desire and shame, poison is the relational agent through which morally ambiguous feelings can be understood and managed, transforming poison from a mere ‘method’ into a substance essential for the actual experience of desire and shame and their wider import for practices of social life.

Poison as a relational substance links people through their manifestations of desire and shame and attempts to control them. Poison develops as a complex of emotional and social practices that extends far beyond the single *neīngala* root, bottle of pesticide, *kanēru* seed, or packet of Panadol. Conceptually, the poison complex, which includes the emotional and social practices that involve poison as a relational substance, exists prior to the suicide relationship, which in turn only arises once poison has travelled from one point to another and done its work. Thus, the relationality of poison inverts the reductive model of poison, which supposes methods of suicide are chosen only *after* the decision to self-harm has been made, and then for often utilitarian ends. In the relational model, poison is always existent

and just waiting to be unleashed; there is only the direction of flow to decide. The individual may desire his neighbor's success and in so doing poison him; or, he may be found out and shamed for his unacceptable behavior, and thus poison himself. Poison is an elemental substance in Sinhala social relationships: a 'fact of life' to be contained or employed.

POISON IN CULTURAL TRANSMISSION: PEER LEARNING

Having sketched what I argue lies at the conceptual core of Sinhala suicide – a way of being in the world through poison – and which also envelopes suicide within a wider terrain of moral discipline, I move to a description of how the poison complex and its significance for suicide is transmitted. Avenues and processes of learning suicide, through which suicide becomes cognitively available, are of course multifaceted. In this section, I focus on just one: the primary and secondary socialization processes that children experience at home, school, and in peer groups, and in particular, the play, games, and jokes that children and youth employ around poison and make it their own. I begin with a description of how children learn about poison and self-poisoning through the development of 'spatial grids' that order their environment in terms of available toxins and their associated preparatory practices. I then explore how children and youth 'test' the limits of the poison complex in desire and shame through 'suicide play'.

Poison Spatial Grids

In Madampe, child and youth engagement with poison begins in a playful mapping of their surroundings as landscapes of toxicity, followed by games aimed at mastering it. A few weeks after arriving in Madampe, a group of young men aged in their late teens and early

twenties took me on a ‘poison tour’ of the village and its surrounds. We passed the gardens and hedgerows where *kanēru* grew freely; as well as dispensing highly toxic seeds, the plant blooms in an attractive yellow, hence its popularity. We noted the kitchens, side rooms, and outhouses where domestic, industrial, and agricultural chemicals were stored, and the little *kadē* (shop) where a few dozen Panadol could easily be bought. It did not take more than five minutes of scouting to find *neīngala*, whose association with suicide is of much greater antiquity than either *kanēru* or pesticide. The toxic roots of *neīngala*, my guides told me, could be consumed as they came from the ground, but *kanēru* required special preparation. The recipe is well known: *three seeds, four spoons of sugar, one cup of water; stir; down in one go*. The reason for the sugar and water is apparently to make the poison more potent, although toxicologists later told me there is no proof for this.

The poison tour was of course laid on for my benefit; my friends did not ordinarily wander the village making conscious note of available toxins. What the knowledge they shared signifies, however, is a highly sensitized spatial awareness of a poisonous landscape and the processes required to utilize it. Poison is thus cognitively available as a ‘spatial grid’ that exists within habitus, directing physical movements across Madampe within conditions shaped by desire and shame. By the end of my research, I became adept at identifying where poisons could be found, and under what circumstances they might be consumed. I thus came to look upon my field locality not simply as an assembly of people, places, and things, but a space where poison flowed between people, places, and things. These flows linked people through ‘toxic relationalities’, within what Staples (2012) calls a “suicide niche”: “particular configurations of events and circumstances, [which] at different times, might render suicide related behavior more or less likely” (ibid: 117). Through my ethnographic encounter, I had come to perceive the poison landscape as my informant, ‘reading’ features and contents through locally meaningful cognitive schemata (Bloch 1998: 7-10), which is to say the poison

complex. This spatial grid, and the set of preparatory practices within it, is learnt in Madampe not just through the observation of older youth and adults, but a range of play and games ‘owned’ by children themselves.

Poison in Play

During my fieldwork in GPHU, I happened across a number of what had been classified as ‘accidental’ poison cases where children aged between four and seven years had been ‘playing suicide’ (for a fuller analysis, see Widger forthcoming). Interviews with some of these children and their parents revealed how children’s ‘suicide play’ existed as kinds of practice exploring the manners and means of suicidal practice. According to the admission records, the children had usually acted individually, in pairs, or in groups of up to four, and in all cases consumed either *kanēru* seeds or *neīngala* roots. Further interviews with the attending medical officers suggested that the cases occurred in the context of a simple ‘imitation’ of the youth and adult cases of self-poisoning the children had probably witnessed or heard about in their families, villages, or schools. Upon my own further investigations, it became clear that children had acted with a great deal more thought and intention than the medical staff granted them, revealing how children both imitated and innovated suicidal practices, to develop their own understandings of self-poisoning as a specific solution to identified problems.

When I followed up cases at home, I was very careful in my questioning for fear of lending ‘legitimacy’ to their behavior and so perhaps encouraging repeat acts. As part of a more general discussion concerning the children’s experiences of hospital treatment, then, I carefully inquired about the circumstances of their admission. My interviews revealed how children’s suicide play existed as kinds of practice exploring the manners and means of self-

poisoning performances in Madampe. In some ways, the suicide games children described were imitative of wider notions and understandings found in Madampe. Thus in several cases the children had mixed *kanēru* seeds with water and sugar as ‘the correct way to prepare *kanēru*.’ Then, children had subsequently gone on to tell a parent or older sibling what they had done, in much the same way as adult self-poisoners do when they wish to lay the blame for their actions on a specific third party. Reflecting adults’ narratives, both girls and boys told me that the point of suicide was to make somebody who had shamed them feel ‘afraid’ (*baya*), so to affect a change their beliefs or behaviors.

In other ways, children’s suicide play diverged from youths’ and adults’ suicidal performances. Swallowing poison formed part of games and play exploring issues to do with the morality of friendships and families, from the children’s own perspectives. For example, three girls and one boy, aged between four and eight years, swallowed *neīngala* roots apparently as part of a game in which one half told lies and cheated and the other half expressed sadness over their inability to trust others. My research with school students in Madampe suggested that suicidal ideation and self-harm often arose in response to a perceived failure of others to be ‘good friends’ or tell the truth. In a second case, two children – a boy and a girl aged eight and seven years respectively – had apparently been playing ‘families,’ during which the father came home drunk and shouted at mother; following this the children adopted the roles of the parents’ children who then swallowed *kanēru* to stop them fighting. Equally, a common cause of young women’s self-harm in Madampe was the violent abuse of the mother by the father, wherein the daughter swallowed poison to express solidarity with the mother. In these examples, children were clearly engaging in kinds of suicide play that explored the contexts of older teenagers’ suicidal practices.

Not all cases of suicide play involved experiments with suicidality but instead experiments with poisons. Three boys aged between six and seven years were admitted to

hospital after playing a game of ‘poison dare’. Led by an older youth who did not ingest, the trio learnt substances’ toxicity by gambling on how much they could or would dare to swallow. Jeanne Marecek (pers. comm.) reports similar games of dare with poisons from southern Sri Lanka, where boys are egged on by peers to swallow poison, or alternatively are bullied into doing the same.

Throughout my community-based ethnography, I observed similar kinds of suicide play to those I recorded in hospitals, but that did not include actual self-poisoning. Male youth made frequent reference to what they viewed as a necessary relationship between romance and poison, with unrequited and lost love properly responded to through the consumption of poison. History provided a precedent for this. A well-known case of self-poisoning in Madampe is that of Thaniya Vallabha, a Sinhala prince who reigned in the area during the late fifteenth to early sixteenth centuries. The story goes that Thaniya Vallabha had been engaged in battle against invading Portuguese armies when false news spread suggesting he had been slain. After hearing of Thaniya Vallabha’s death, his wife, who loved him deeply, committed suicide. When Thaniya Vallabha returned home to find her dead, grief overcame him and he killed himself. Today, Madampe youth suggest procuring water, sugar, and a cup for a friend who is experiencing romantic issues, ‘for surely he will take *kanēru* now,’ they would joke (for a more detailed analysis of romantic relationships see Widger 2015: chap. 6).

Anthropological studies of children’s play and games illustrate their importance in childhood socialization, learning, and development processes (James 1998; Sawyer 2002; Schwartzman 1976). In particular, Keith Sawyer (2002: 10) suggests, analysis of play allows us to obtain “a valuable perspective on agency and intersubjectivity” in children, through which they generate not just adults’ meanings of the social world around them but also those of their own. Similarly, Brian Sutton-Smith (1977: 236) argues that play can be understood as

“cognitive activity which liberates thought,” during which children innovate social and moral roles. Alison James (1998) has argued that far from being a frivolous activity, play can be understood as facilitating the articulation of power relations in children’s lives: it is a “serious medium through which children conduct their social affairs,” and “power relations...articulated, upheld, and challenged” (104).

The kinds of ‘make-believe’ self-poisoning practices that I encountered in Madampe contained an enmeshment of what Goldman (1998: xviii) has called “mimesis and mythos”: imitation and creativity. Suicide play, games, and jokes provided mediums through which children both imitated and innovated knowledge of poisons, drawing from specific examples of self-poisoning practice and the wider poison complex. Younger children’s engagements with self-poisoning also involved imaginary scenarios, such as love problems and marital arguments. Thus, problems of moral personhood framed these acts, just as they did for older youth and adults who engaged in ‘real’ acts of suicidal practice. Through suicide play, children and youth in Madampe explored their understandings and expectations of social relationships, learning when and how self-harm can be an appropriate response to one’s own or others’ infringements of common codes of moral conduct. Principal amongst these were the management of others’ desires, envies, and jealousies, and the negation or transference of shame. Thus self-poisoning was becoming cognitively available as part of a necessary process by which children would grow up to become adults.

CONCLUSION

In this article, I have sketched the learning processes through which suicide by self-poisoning becomes cognitively available in Sri Lanka via the development of a poison complex: a core pattern of emotional, social, and spatial practices clustered around poisonous substances. I

have argued that self-poisoning exists as one expression of the poison complex that includes poisonings done to oneself and poisonings done to others that makes up the complex. The poison complex enables people to understand and manage desire and shame, which are two morally ambiguous states and the topic of constant self and other regulation in everyday life. Thus, self-harm by self-poisoning, and to cause misfortune, injury, or death by other-poisoning, do not exist as discrete behaviors, but exist within a broader field of social practice. Given the central emphasis placed on desire and shame in normal childhood socialization processes in Sri Lanka, it is clear how ‘self-poisoning,’ just like ‘other-poisoning,’ becomes a lesson that children are required and seek to master. In so doing, children learn to become moral people by becoming ‘suicidal’ people with appropriately elaborated suicide schemata.

This view of how suicide and suicide methods become cognitive availability is radically different to mainstream theories. Instead of a utilitarian explanation that argues suicide methods simply reflect what is most readily available, with a search for methods coming after a decision to self-harm, I have argued that the poison complex logically places methods before that decision. The relational agency of poisons determines the nature of the response to the troublesome states of desire or shame, not those states themselves. It is literally that poisons cause suicides. Thus, to restrict cognitive access to self-poisoning would require attention to the poison complex, and the linguistic, emotional, social, and spatial practices constituting it. The specific focus needs to be on the relational agency of pesticides and the ways they flow between people, places, and things in the local landscape. Obviously one measure is physical access, although it is of course impossible to restrict the availability of all potentially toxic substances. Another measure would be to seek to interrupt cultural transmission processes through which the poison complex is learnt, including childhood play,

games, and jokes that involve poison. Clearly, there is a greater role here for parents, schools, and other agencies.

The real challenge lies in processes of childhood socialization and moral regulation. Viewed as a holistic field of social practice, the poison complex encompasses core everyday moralities of desire and shame, and for this, there is no easy or ethical answer. The challenge facing the cognitive restriction of poison is far greater than an instructional one, or a regulatory one, as it involves fundamental questions of family, community, culture, and society – questions that within an increasingly nationalistic context like post-war Sri Lanka take on highly charged political significances. It may even be that the cognitive restriction of poison is actually impossible, in which case all we have left is physical restriction, which has apparently worked well enough, at least insofar as saving lives. Whether the underlying social sufferings can be broached, and rates of self-poisoning themselves reduced, remains a question for much greater thought and study.

Finally, by adopting a development perspective on cognitive availability, I have been concerned to show how access restrictions like media regulation are ‘late stage’. There is nothing at all, I suggest, culturally specific about the rootedness of suicide cognitive schemata in childhood. I also doubt suicide play and its importance in the development of suicide cognitive schemata is peculiar to Sri Lanka. Children the world over engage in all kinds of fantasy play, from ‘shops’, ‘work’, and ‘astronauts’, to ‘mummy and daddy’, ‘doctors and nurses’, and various explorations of life and death. Children may not understand death as adults do, but it is hardly an unknown concept to them (Talwar, Harris, & Schleifer 2011). Agentive death, or a death of one’s own making, is as likely fascinating – perhaps more so – as grandma’s death or a pet’s death. Understandings of cognitive availability of suicide are in need of much greater theoretical and empirical investigation concerning the social significance of suicide methods, and the historical depth of suicide cognitive schemata.

In this article, I have shown how such investigation can enhance our understanding of suicide, with the ramifications for the possibility of prevention still to be decided.

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NOTES

¹ Real numbers are likely to be much higher, especially with regard to suicide. Divisional police only investigate cases occurring within their jurisdiction, and so patients transferred out of Madampe who subsequently died were not included in their data.

² Sinhala ‘poison eye’ is a local variation on the regional ‘evil eye’ (e.g. Ecks 2014; Nichter 1981; Pocock 1991). From its many manifestations, two general orientations concern the effects of evil eye. The first is that akin to Sinhala ‘poison eye,’ and involves the poisoning and/or causation of misfortune in the object of desire (e.g. Chapin 2014), and the second is the consumption of the object or ‘good’ by the person who desires (e.g. Ecks 2014). In this article, I am describing the former.

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